


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 705160 1. Entity Name MAXCY FOUNDATION INC.	
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Principal Place of Business 33 EAST WALL STREET P.O. BOX 158 FROSTPROOF, FL 33843-2126	Mailing Address 33 EAST WALL STREET P.O. BOX 158 FROSTPROOF, FL 33843-2126
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02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6137284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, PEYTON T 100 PALM AVE FROSTPROOF, FL 33843
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, PATRICIA M 100 N PALM AVE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILSON, CYNTHIA (ASST) MOUNTAIN LAKE ESTATES LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILSON, P T 100 N PALM AVE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CRADDOCK, HOOD F 223 LAKE LINK ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000549857
05/13/06-80036-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-06 863.635.4804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #